

Electronic Patent Application Fee Transmittal				
<b>Application Number:</b>	09457201			
<b>Filing Date:</b>	06-Dec-1999			
<b>Title of Invention:</b>	SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT			
<b>First Named Inventor/Applicant Name:</b>	TERRY S. DAVISON			
<b>Filer:</b>	Matthew Arik Scheele/Angela Loding			
<b>Attorney Docket Number:</b>	CB-07-1			
Filed as Large Entity				
<b>Utility under 35 USC 111(a) Filing Fees</b>				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Basic Filing:</b>				
<b>Pages:</b>				
<b>Claims:</b>				
<b>Miscellaneous-Filing:</b>				
<b>Petition:</b>	Adjustment date: 02/04/2009 MGERREM1 01/14/2009 INTEFSW 00005599 500359 09457201 01 FC:1801 810.00 CR			
<b>Patent-Appeals-and-Interference:</b>				
<b>Post-Allowance-and-Post-Issuance:</b>	Adjustment Date: 02/04/2009 MGERREM1 01/14/2009 INTEFSW 00005599 500359 09457201 01 FC:1801 810.00 CR			
<b>Extension-of-Time:</b>				

I hereby certify that this Request for Refund is being transmitted via Facsimile (571-273-6500) to the U.S. Patent and Trademark Office on the date shown below:

On 1-30-09  
 By Angela Sterling  
Angela Sterling

**PATENT**  
 Attorney Docket No.: CB-07-1

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Terry S. Davison et al.

Application No.: 09/457,201

Filed: December 6, 1999

For: SYSTEMS AND METHODS FOR  
 ELECTROSURGICAL TISSUE TREATMENT

Examiner: Mendez, Manuel A.

Art Unit: 3763

Confirmation No.: 7410

### REQUEST FOR REFUND

VIA FAX/MILE 571-273-6500

Mail Stop 16  
 Director of the U.S. Patent and Trademark Office  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Applicants respectfully request a refund of \$810 in regards to the above-identified patent application for Deposit Account No. 50-0359 of ArthroCare Corporation. Applicants filed a Response to a Non-Final Office Action on January 14, 2009, and erroneously paid \$810 for a Request for Continued Examination (RCE). However, an RCE was not proper since this application had not received a Final Office Action and the response that was filed on January 14, 2009, was a Response to the Non-Final Office Action mailed October 20, 2008.

Applicants believe no fee is due with this submission; however the Director is hereby authorized to charge any fees necessary or credit any overpayments to Deposit Account No. 50-0359 of ArthroCare Corporation in order to effectuate this filing.

If there are any matters concerning this Application that may be cleared up in a telephone conversation, please contact Applicants' attorney at 512.358.5925.

Respectfully submitted  
 Attorney for Applicants.

Matthew Scheele

Matthew Scheele  
 Reg. No. 59,847

Date: 1/30/09

**SEND CORRESPONDENCE TO:**  
**ARTHROCARE CORPORATION**  
**CUSTOMER NO. 21394**  
**512.358.5925**  
**512.391.3901 (fax)**

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Miscellaneous:</b>				
Request for continued examination	1801	1	810	810
Statutory disclaimer	1814	1	140	140
<b>Total in USD (\$)</b>				<b>950</b>